

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1185
Lobbyist's Registration Number**Instructions**

- ! Print in ink or type.
- ! Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808. (225) 763-8777 or (800) 842-6630. No fee is required.
- ! This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 11-6-07

Supp-L

ack

1071023

1. NAME **Phipps** **Candice**
Last First MI
2. BUSINESS PHONE **(202) 347-8274**
3. BUSINESS ADDRESS **1120 G Street, NW, Suite 1020, Washington, DC 20005**
Street and No. City State Zip
- MAILING ADDRESS **Same as above**
Street and No. City State Zip
4. EMPLOYER **Boehringer Ingelheim Pharmaceuticals, Inc.**
5. EMPLOYER'S ADDRESS **6790 Lainhart Road Altamont New York 12009**
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name **N/A**
- Address _____
- Business or purpose _____
- ☐ New Representation
Does this person pay you? _____
- If No, who pays you? _____
- ☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

1185
Lobbyist's Registration Number

2. Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist